

Bryte Insurance Company Limited

A Fairfax Company

Registration number: 1965/006764/06 VAT number: 4530103581

Authorised Financial Services Provider No. 17703

15 Marshall Street, Ferreirasdorp, Johannesburg, 2001 PO Box 61489, Marshalltown 2107

Please complete this form in BLOCK CAPITALS and send it to your broker or to Bryte Insurance Company Limited.

Please provide supporting documents if required.

Name of payer (legal entity*)			
Physical address of payer/participant			
		Postal code	
Bank			
Branch name			
Branch code			
Account number			
Account type			
VAT registration number			
Company registration number			
Contribution amount			
Day of deduction every month			
Date of first deduction			

Shariah Declaration

I agree that my contributions, which I hereby undertake to pay, shall be credited to the Takaful Fund (which includes any investment income) to be managed in accordance with the rules of the Fund.

I also agree that my contributions are an irrevocable donation to the Takaful Fund and that I will not be a beneficiary of the Takaful Fund until the Company has accepted this application and the contributions due, have been paid in full.

Monthly/Annual Debit Order Authority

I/We hereby authorise Bryte Insurance Company Limited to deduct from my nominated bank account, by monthly or annual instalments, the sum of R_____ which translates to the amounts due from me/us in respect of contributions and service fee on my/our annually renewable participation agreements, the instalments being adjusted as necessary in order that all amounts due shall be paid by such instalments in such manner that there is no outstanding amount due on the renewal date of such participation agreements. This facility will automatically terminate without notice in the event of any monthly/annual instalment not being paid or attached debit authority being cancelled, my/our agreements being cancelled by me/us, or the agency for my/our agreement being changed other than on a renewal date.

Furthermore, notwithstanding anything contrary contained herein or in any participation agreement, if any monthly/annual instalment is not paid by no later than 31 (thirty one) days after due date for payment thereof, the participation agreement or agreements in respect of which such payment was to be made shall thereupon automatically terminate without notice to myself/ourselves with immediate effect.

The authorisation by me/us is made on the understanding that Bryte Insurance Company Limited will without prejudice to any of the foregoing keep me/us advised of all amounts transferred to the debit of the facility and send me/us a monthly/annual statement of the total amount outstanding to be paid before the next renewal date.

Protection of Personal Information

We respect your constitutional right to privacy. We are committed to and bound by the terms and provisions of the Protection of Personal Information Act 4 of 2013 ("POPI") regarding the acquisition, usage, retention, transmission and deletion of your personal information. We will check and validate the information you provide through legal means. We have high level security measures in place to protect your personal information.

Your personal information herein collected is for the primary purpose of providing you with cover and for all other activities and processes incidental to and relevant to this purpose. Your information shall be kept confidential; however, we shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity. Sharing of information includes, but is not limited to, information sharing as arranged via the South African Insurance Association.

You hereby give consent and fully understand the reason for us to process, use, share and retain your personal information for its designated purpose and you confirm the accuracy of the information. You may request that we amend, update, change or correct your personal information processed by us by sending a request to your broker or us.

For a full version of the Consent to process Personal Information is available on this link (<http://brytesa.com//forms/personal-information/>) for download. Should you decide to cancel this agreement you further consent to us retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only. Should you decide not to accept the proposal, the information collected, will be de-identified and only used for statistical and research purposes.

Claims Declaration

I hereby declare that I have provided a full disclosure of all previous claims or losses that were covered or not covered with any other insurance company and that this cover is accepted based on this information having been declared. I also declare that no insurer has cancelled, declined or refused to renew my cover or imposed special terms.

The information in this application is, to the best of my knowledge and belief, true and accurate in every respect and that no fact, circumstance or hazard that could affect the acceptance of my application has been withheld. I confirm that this application and Shariah declaration shall be the basis of this agreement between Bryte Insurance Company Limited and myself.

I/We undertake to notify you of any future changes / amendments to be included in this facility and of any change in my/our banking details.

Signed at _____ on the _____ day of _____

Contributor/Authorised representative of payer _____